

County: St. Croix  
 AMERICAN HERITAGE CARE CENTER  
 425 DAVIS ST  
 HAMMOND

Facility ID: 1050

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54015 Phone:(715) 796-2218  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 55  
 Total Licensed Bed Capacity (12/31/04): 55  
 Number of Residents on 12/31/04: 53

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 53

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		39.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.8	More Than 4 Years		18.9
Day Services	No	Mental Illness (Org./Psy)	28.3	65 - 74	7.5			-----
Respite Care	Yes	Mental Illness (Other)	1.9	75 - 84	35.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.5	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.9		100.0	(12/31/04)		
Other Meals	Yes	Cardiovascular	17.0	65 & Over	96.2	-----		
Transportation	No	Cerebrovascular	5.7		-----	RNs		8.2
Referral Service	No	Diabetes	3.8	Gender	%	LPNs		14.7
Other Services	No	Respiratory	5.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	35.8	Male	26.4	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	73.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	9	100.0	302	25	83.3	120	0	0.0	0	13	100.0	156	0	0.0	0	1	100.0	325	48 90.6
Intermediate	---	---	---	5	16.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5 9.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0 0.0
Total	9	100.0		30	100.0		0	0.0		13	100.0		0	0.0		1	100.0		53 100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	20.0	Bathing	0.0	77.4	22.6	53
Private Home/With Home Health	0.0	Dressing	13.2	75.5	11.3	53
Other Nursing Homes	1.5	Transferring	41.5	49.1	9.4	53
Acute Care Hospitals	76.9	Toilet Use	26.4	52.8	20.8	53
Psych. Hosp.-MR/DD Facilities	0.0	Eating	67.9	24.5	7.5	53
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.5	Continence		%	Special Treatments	%
Total Number of Admissions	65	Indwelling Or External Catheter	7.5	Receiving Respiratory Care		9.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	24.5	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	37.9	Occ/Freq. Incontinent of Bowel	11.3	Receiving Suctioning		1.9
Private Home/With Home Health	0.0			Receiving Ostomy Care		0.0
Other Nursing Homes	4.5	Mobility		Receiving Tube Feeding		1.9
Acute Care Hospitals	7.6	Physically Restrained	1.9	Receiving Mechanically Altered Diets		30.2
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		100.0
Other Locations	9.1	With Pressure Sores	0.0	Medications		
Deaths	40.9	With Rashes	0.0	Receiving Psychoactive Drugs		54.7
Total Number of Discharges (Including Deaths)	66					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	88.5	1.09	89.0	1.08	90.5	1.07	88.8	1.09
Current Residents from In-County	88.7	80.0	1.11	81.8	1.08	82.4	1.08	77.4	1.15
Admissions from In-County, Still Residing	32.3	17.8	1.81	19.0	1.70	20.0	1.62	19.4	1.66
Admissions/Average Daily Census	122.6	184.7	0.66	161.4	0.76	156.2	0.79	146.5	0.84
Discharges/Average Daily Census	124.5	188.6	0.66	163.4	0.76	158.4	0.79	148.0	0.84
Discharges To Private Residence/Average Daily Census	47.2	86.2	0.55	78.6	0.60	72.4	0.65	66.9	0.70
Residents Receiving Skilled Care	90.6	95.3	0.95	95.5	0.95	94.7	0.96	89.9	1.01
Residents Aged 65 and Older	96.2	92.4	1.04	93.7	1.03	91.8	1.05	87.9	1.09
Title 19 (Medicaid) Funded Residents	56.6	62.9	0.90	60.6	0.93	62.7	0.90	66.1	0.86
Private Pay Funded Residents	24.5	20.3	1.21	26.1	0.94	23.3	1.05	20.6	1.19
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	30.2	31.7	0.95	34.4	0.88	37.3	0.81	33.6	0.90
General Medical Service Residents	35.8	21.2	1.69	22.5	1.59	20.4	1.76	21.1	1.70
Impaired ADL (Mean)	42.6	48.6	0.88	48.3	0.88	48.8	0.87	49.4	0.86
Psychological Problems	54.7	56.4	0.97	60.5	0.90	59.4	0.92	57.7	0.95
Nursing Care Required (Mean)	5.4	6.7	0.81	6.8	0.79	6.9	0.79	7.4	0.73